

Foster Family Home - Corrective Action Report

Provider ID: 1-513029

Home Name: Tina Gagabi, CNA

94-349 Ikepono Place

Waipahu

HI

96797

Review ID: 1-513029-5

Reviewer: David Ayling

Begin Date: 10/24/2017

End Date:

10/24/17

Foster Family Home

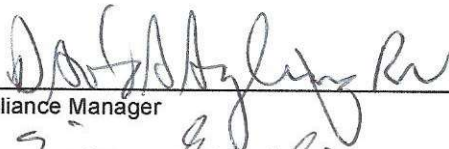
Required Certificate

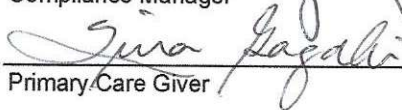
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/24/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

10/24/17
Date

10/24/17
Date